

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/937848**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	2					
4	1					
5	4					
6	6					
7	7					
8	1					
9	1					
10	0					
11	0					
12	0					
13	-1					
14	0					
15	0					
16	0					
17	1					
18	0					
19	1					
20	1					
21	2					
22	0					
23	0					
24	0					
25	1					
26	1					
27						
28						
29						
30						
31						
32						
33			1			
34			1			
35			1			
36			1			
37			1			
38			1			
39			1			
40			1			
41			1			
42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.	2					
TOTAL DEP.	21					
TOTAL CLAIMS	27					

*	*	*	*
IND.	DEP.	IND.	DEP.
51	1		
52	1		
53	1		
54	1		
55	1		
56	1		
57	1		
58	1		
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97			
98			
99			
100			
TOTAL IND.	5		
TOTAL DEP.	23		
TOTAL CLAIMS	33		